

## Thank You

File #:	<b>Unassigned</b>	Create Date:	<b>06/03/2020</b>
Court:	<b>Suffolk County Surrogate's Court</b>	Created By:	<b>JOSEPH ALPHONSO LEDW</b>
Type:	<b>Administration</b>		
Decedent:	<b>THOMAS JUSTIN VALVA</b>		

The NYSCEF site has successfully received your e-filed documents and any requests for Certificate Pursuant to Uniform Rule 207.4-aa, a party commencing a mandatory proceeding electronically all other parties with a [NOTICE OF COMMENCEMENT OF PROCEEDING SUBJECT TO MANDATORY ELECTRONIC FILING](#).

Date Filings Received: **06/03/2020**

Filing User: **JOSEPH ALPHONSO LEDWIDGE**

Payment: **VISA/MC** (Transaction Id: 030620A42-C74D7684-74C2-49F9-AB86-0D2A99A8883E)

Authorization Code: 02676G)

## File Record

Date of Death: **01/17/2020**

Domicile: **11 BITTERSWEET LANE, CENTER MORICHES, NY 11934**

Estate Value: **Less than \$10,000**

## Documents Filed/Certificates Requested

Qty	Document/Certificate	Fee	Total
1	ADMINISTRATION PETITION <i>PETITION FOR LETTERS OF LIMITED ADMINISTRATION</i>	\$45.00	
1	OTHER DOCUMENT <i>BOND AFFIDAVIT</i>	\$0.00	
1	OTHER DOCUMENT <i>HEIRSHIP AFFIDAVIT AND FAMILY TREE</i>	\$0.00	
1	DEATH CERTIFICATE <i>DEATH CERTIFICATE THOMAS VALVA</i>	\$0.00	
			<b>Total Fees:</b>

Print

Main Menu



New York State Surrogate's Court  
New York State Bar Association Official OCA Forms

Form A-1  
Petition for Letters of Administration

SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF SUFFOLK

Filing Fee Paid \$ 45.00  
Certificates Paid \$ \_\_\_\_\_  
Trustee Certs. Paid \$ \_\_\_\_\_  
Prelim. Certs. Paid \$ \_\_\_\_\_  
\$ \_\_\_\_\_ Bond, Fee: \$ \_\_\_\_\_  
Receipt No.: \_\_\_\_\_ No.: \_\_\_\_\_

ADMINISTRATION PROCEEDING, ESTATE OF  
THOMAS JUSTIN VALVA  
a/k/a

THOMAS J VALVA, THOMAS VALVA, THOMAS JUSTIN  
Deceased.

**PETITION FOR LETTERS OF:**

- ☐ Administration  
☒ Limited Administration  
☐ Administration with Limitations  
☐ Temporary Administration

File No. \_\_\_\_\_

TO THE SURROGATE'S COURT, COUNTY OF SUFFOLK

It is respectfully alleged:

1. The name, domicile and interest in this proceeding of the petitioner, who is of full age, is as follows:

**Petitioner Information:**

Name <b>Justyna Zubko-Valva</b>			Citizenship <b>United States</b>
Domicile Address: Street and Number <b>350 N. Corona Avenue, Apt 25</b>			
City, Village or Town <b>Valley Stream</b>	State <b>New York</b>	ZIP Code <b>11580</b>	Country <b>United States</b>
County <b>Nassau</b>	Telephone		
Mailing Address: Street and Number (If different from domicile)			
City, Village or Town	State	ZIP Code	Country
Interest: (Check One) <input checked="" type="checkbox"/> Distributee Mother <input type="checkbox"/> Other			

Is proposed Administrator an attorney? ☐ Yes ☒ No [If yes, submit statement pursuant to 22 NYCRR 207.16(e); see also 207.52 (Accounting of attorney-fiduciary).]

The proposed Administrator ☐ is ☒ is not a convicted felon nor is he/she otherwise ineligible, pursuant to SCPA 707 to receive letters. If the proposed Administrator is a convicted felon, submit a copy of the Certificate of Relief from Civil Disabilities.

2. The name, domicile, date and place of death, and national citizenship of the above-named decedent are as follows:

**Decedent Information:**

Name <b>THOMAS JUSTIN VALVA , a/k/a THOMAS J VALVA, THOMAS VALVA, THOMAS JUSTIN</b>			Citizenship <b>United States</b>
Domicile Address: Street and Number <b>11 Bittersweet Lane</b>			
City, Village or Town <b>Center Moriches</b>	State/Province <b>New York</b>	ZIP Code <b>11934</b>	Country <b>United States</b>
County <b>Suffolk</b>	Date of Death <b>January 17, 2020</b>	Place of Death <b>ER Long Island Community Hospital, Brookhaven Town, NY</b>	

**The Death Certificate must be filed with this proceeding.** If the decedent's domicile is different from that shown on the death certificate, check box ☐ and attach an affidavit explaining the reason for this inconsistency.

3. The estimated gross value of: *[Do not include any assets that are jointly held in trust for another, or have a named beneficiary.]*

(a) The decedent's personal property passing by intestacy is less than		\$	<b>0.00</b>
(b) The decedent's real property, in this state, which is			
Improved, passing by intestacy, is less than		\$	<b>0.00</b>
Description of each parcel: <b>N/A</b>			
Unimproved, passing by intestacy, is less than		\$	<b>0.00</b>
Description of each parcel: <b>N/A</b>			
		\$	<b>0.00</b>
Total		\$	<b>0.00</b>
(c) The estimated gross rent for a period of eighteen (18) months is the sum of		\$	<b>0.00</b>

(d) In addition to the value of the personal property stated in paragraph (3) the following right of action existed on behalf of the decedent and survived his/her death, or is granted to the administrator of the decedent by special provision of law, and it is impractical to give a bond sufficient to cover the probable amount to be recovered therein: *[Briefly state the cause of action and the person against whom it exists, including names and carrier.]* ☐ None

The Decedent is a minor, who was murdered, Decedent's mother is applying for Letters of Limited Administration to pursue a wrongful death claim and all other matters and/or claims flowing from the wrongful death of the minor against the following possible Defendants including but not limited to: Michael Valva [minor's father], Angela Pollina [father's fiancée], County of Suffolk, Family Court Officials, Social workers, the New York State Municipality and other relevant governmental agencies and/or quasi-governmental agencies and other persons or institutions [individually or otherwise] who are potentially liable for the wrongful death of the minor. The amount to be claimed is currently unknown at this time. See Affirmation of Joseph A. Ledwidge dated 3.20.2020 for further details.

(e) If decedent is survived by a spouse and a parent, or parents but no issue, and there is a claim for wrongful death, check here ☐ and furnish name(s) and address(es) of parent(s) in Paragraph 7. *[See EPTL 5-4.4.]*

4. A diligent search and inquiry, including a search of any safe deposit box, has been made for a will of the decedent and none has been found. Petitioner(s) has/have been unable to obtain any information concerning any will of the decedent and therefore allege(s), upon information and belief, that the decedent died without leaving any last will.

5. A search of the records of this Court shows that no application has ever been made for letters of administration upon the estate of the decedent or for the probate of a will of the decedent, and your petitioner is informed and verily believes that no such application ever has been made to the Surrogate's Court of any other county of this state.

6. The decedent left surviving the following who would inherit his/her estate pursuant to EPTL 4-1.1 and 4-1.2: *[Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL 4-1.1. State "number" of survivors in each class. Insert "No" in all prior classes. Insert "X" in all subsequent classes.]*

- a. ☒ NO Spouse (husband/wife).
- b. ☒ NO Child or children or descendants of predeceased child or children. *[Must include marital, nonmarital, and adopted.]*
- c. ☒ NO Any issue of the decedent adopted by persons related to the decedent (DRL Section 117).
- d. ☒ 2 Mother/Father.
- e. ☒ X Sisters or brothers, either of whole or half blood, and issue of predeceased sisters or brothers.
- f. ☒ X Grandmother/Grandfather.
- g. ☒ X Aunts or uncles, and children of predeceased aunts or uncles (first cousins).
- h. ☒ X First cousins once removed (children of first cousins).

7. The decedent left surviving the following distributees, or other necessary parties, whose names, degrees of relationship, domiciles, post office addresses and citizenship are as follows: *[Show clearly how each person is related to decedent. If relationship is through an ancestor who is deceased, give name, date of death and relationship of the ancestor to the decedent. See Uniform Rules 207.16(b). If person is a nonmarital person, or descended from a nonmarital person, attach a copy of the order of filiation or Schedule A. If person was adopted by any persons related by blood or marriage to decedent or descended from such persons, attach Schedule B.]*

7. (a) The following are of full age and under no disability:

- ☐ Schedule A — Nonmarital Persons (Persons Born Out of Wedlock) is Attached
- ☐ Schedule B — Issue of the Decedent Who Were the Subject of an Adoption is Attached

Name <b>Justyna Zubko-Valva</b>			Citizenship <b>United States</b>
Domicile Address: Street and Number <b>350 N. Corona Avenue, Apt 25</b>			
City, Village or Town <b>Valley Stream</b>	State <b>New York</b>	ZIP Code <b>11580</b>	Country <b>United States</b>
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship <b>Mother</b>			
Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			
Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			
Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			

Continued on next page.

## 7. (b) The following are infants and/or other persons under disability:

- ☐ Schedule A — Nonmarital Persons (Persons Born Out of Wedlock) is Attached
- ☐ Schedule B — Issue of the Decedent Who Were the Subject of an Adoption is Attached
- ☐ Schedule C — Infants is Attached
- ☒ Schedule D — Persons Under Disability Other than Infants is Attached

Name <b>Michael Valva</b>			Citizenship <b>United States</b>
Domicile Address: Street and Number <b>11 Bittersweet Lane</b>			
City, Village or Town <b>Center Moriches</b>	State <b>New York</b>	ZIP Code <b>11934</b>	Country <b>United States</b>
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship <b>Father</b>			
Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			
Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			
Name			Citizenship
Domicile Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Mailing Address: Street and Number			
City, Village or Town	State	ZIP Code	Country
Relationship			

8. There are no outstanding debts or funeral expenses, except: ☒ None

9. There are no other persons interested in this proceeding other than those hereinbefore mentioned.

WHEREFORE, your petitioner respectfully prays that:

☐ a. Process issue to all necessary parties to show cause why letters should not be issued as requested;

☐ b. An order be granted dispensing with service of process upon those persons named in Paragraph (7) who have a right to letters prior or equal to that of the person nominated, and who are nondomiciliaries or whose names or whereabouts are unknown and cannot be ascertained;

☒ c. A decree award Letters of:

☐ Administration to \_\_\_\_\_

☒ Limited Administration to Justyna Zubko-Valva

☐ Administration with Limitation to \_\_\_\_\_

☐ Temporary Administration to \_\_\_\_\_

or other such person or persons having prior right as may be entitled thereto, and;

☐ d. That the authority of the representative under the foregoing Letters be limited with respect to the prosecution or enforcement of a cause of action on behalf of the estate, as follows: the administrator(s) may not enforce a judgment or receive any funds without further order of the Surrogate.

☒ e. That the authority of the representative under the foregoing Letters be limited as follows:  
 Limited to all matters and claims pertaining to the discovery and prosecution of a wrongful death claim and all other matters and/or claims flowing from the wrongful death of the minor against the following possible Defendants including but not limited to: Michael Valva [minor's father], Angela Pollina [father's fiancée], County of Suffolk, Family Court Officials, Social workers, the New York State Municipality and other relevant governmental agencies and/or quasi-governmental agencies and other persons or institutions individually or otherwise who are potentially liable for the wrongful death of the minor.

f. Further relief sought (if any):

Dated: March 21, 2020

J. Zubko-Valva

Signature of Petitioner

Justyna Zubko-Valva

Print Name

\_\_\_\_\_  
 Name of Corporate Petitioner

\_\_\_\_\_  
 Signature of Petitioner

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature of Petitioner

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature of Petitioner

\_\_\_\_\_  
 Print Name

By

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

**Schedule D — Persons Under Disability Other than Infants**

SURROGATE'S COURT OF THE STATE OF NEW YORK  
 COUNTY OF SUFFOLK

ADMINISTRATION PROCEEDING, ESTATE OF

**THOMAS JUSTIN VALVA**

a/k/a

**THOMAS J VALVA, THOMAS VALVA, THOMAS JUSTIN**

Deceased.

**SCHEDULE D  
 PERSONS UNDER DISABILITY  
 OTHER THAN INFANTS**

File No. \_\_\_\_\_

Name <b>Michael Valva</b>			
Residence Address: Street and Number <b>11 Bittersweet Lane</b>			
City, Village, or Town <b>Center Moriches</b>	State <b>New York</b>	ZIP Code <b>11934</b>	Country <b>United States</b>
Relationship <b>Father</b>			

Incompetent/Incapacitated	With Whom Does this Person Reside? <b>Angela Pollina</b>	
	Court-Appointed Fiduciary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fiduciary Name
		Fiduciary Address
	Fiduciary Title	
	Describe Nature of Disability <b>Michael Valva is currently detained at the Suffolk County Correctional Facility. Angela Pollina is his fiancée who is also incarcerated. They lived together at 11 Bittersweet Lane, Center Moriches NY 11934</b>	
Prisoner	Name of Relative/Friend with Interest in Welfare <b>Stephanie Valva (Mother of Michael Valva)</b>	
	Address <b>1109 E Magnum Road, San Tan Valley, AZ 85140-5423</b>	
	Prison Name <b>Suffolk County Correctional Facility 100 Center Drive, Riverhead, New York 11901</b>	
Unknown	Description (if known, give name and relationship to decedent)	



**COMBINED VERIFICATION, OATH AND DESIGNATION***For use when petitioner is to be appointed administrator*STATE OF NEW YORKCOUNTY OF Nassauss.: Lynbrook

I, the undersigned, the petitioner named in the foregoing petition, being duly sworn, say:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

2. OATH OF ADMINISTRATOR as indicated above: I am over eighteen (18) years of age and a citizen of the United States; and I will well, faithfully and honestly discharge the duties of Administrator of the goods, chattels and credits of said decedent according to law. I am not ineligible, pursuant to SCPA 707, to receive letters and will duly account for all moneys and other property that will come into my hands.

3. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the Clerk of the Surrogate's Court of Suffolk County, and his/her successor in office, as a person on whom service of any process, issuing from such Surrogate's Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found and served within the State of New York after due diligence used.

My domicile is: 350 N. Corona Avenue, Apt 25, Valley Stream, New York 11580


Signature of Petitioner

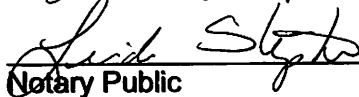
Justyna Zubko-Valva

Print Name

On the 21 day of March in the year 2020 before me, the undersigned, personally appeared,  
Justyna Zubko-Valva

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Sworn to before me this

21 day of March, 2020


Notary Public

Commission Expires:

(Affix Notary Stamp or Seal)

LINDA STEPHENSON  
Notary Public, State of New York  
No. 01ST6141778  
Qualified in Nassau County  
Commission Expires 2/27/20 22

Joseph A. Ledwidge Esq.

Print Name of Attorney

Signature of Attorney

The Law Office of Ledwidge and Associates

Firm Name

170 - 26 Cedarcroft Road, Jamaica Estates, New York 11432

Address

(718) 276-6656

Telephone

joseph@ledwidge1.com

Email (optional)



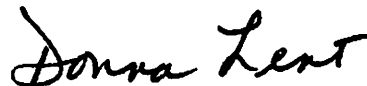
DOH-1961 (8/2011)

RECORDED DISTRICT 5151		REGISTER NUMBER 0229		NEW YORK STATE DEPARTMENT OF HEALTH		131-2020-00006827	
CERTIFICATE OF DEATH						STATE FILE NUMBER	
1. NAME: FIRST MIDDLE LAST Thomas Justin Valva				2. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		3A. DATE OF DEATH: MONTH DAY YEAR 01 17 2020	
3B. HOUR: 10:28 AM							
4A. PLACE OF DEATH: (Check one) HOSPITAL DOA <input type="checkbox"/> ER <input checked="" type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER (Specify): <input type="checkbox"/>				4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR			
4C. NAME OF FACILITY: (If not facility, give address) Long Island Community Hospital				4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brookhaven Town		4E. COUNTY OF DEATH: Suffolk	
4F. MEDICAL RECORD NO.				4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>			
5. DATE OF BIRTH: MONTH DAY YEAR 09 14 2011		6A. AGE IN YEARS: 8		6B. IF UNDER 1 YEAR ENTER: months days		6C. IF UNDER 1 DAY ENTER: hours minutes	
7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Mineola Village, New York				7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:			
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>				9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. A <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino B <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano C <input type="checkbox"/> Yes, Puerto Rican D <input type="checkbox"/> Yes, Cuban E <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify)			
10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: A <input checked="" type="checkbox"/> White/Caucasian B <input type="checkbox"/> Black or African American C <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Chinese E <input type="checkbox"/> Filipino F <input type="checkbox"/> Japanese G <input type="checkbox"/> Korean H <input type="checkbox"/> Vietnamese J <input type="checkbox"/> Native Hawaiian K <input type="checkbox"/> Guamanian or Chamorro M <input type="checkbox"/> Samoan N <input type="checkbox"/> American Indian or Alaska Native (Specify) P <input type="checkbox"/> Other Asian (Specify) R <input type="checkbox"/> Other Pacific Islander (Specify) S <input type="checkbox"/> Other (Specify)							
11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. 1 <input checked="" type="checkbox"/> ≤ 8th grade 2 <input type="checkbox"/> 9th-12th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate's degree 6 <input type="checkbox"/> Bachelor's degree 7 <input type="checkbox"/> Master's degree 8 <input type="checkbox"/> Doctorate/Professional degree							
12. SOCIAL SECURITY NUMBER: 748-07-4717				13. MARITAL STATUS: NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>			
14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated.							
15A. USUAL OCCUPATION: (Do not enter retired) Grade School Student				15B. KIND OF BUSINESS OR INDUSTRY: School		15C. NAME AND LOCALITY OF COMPANY OR FIRM: Center Moriches School District, New York	
16A. RESIDENCE: (State or Country if not USA) NY		16B. County or Region/Province if not USA: Suffolk		16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brookhaven Town		16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SPECIFY TOWN:	
16D. STREET AND NUMBER OF RESIDENCE: 11 Bittersweet Lane				16E. ZIP CODE: 11934			
17. BIRTH NAME OF FATHER / PARENT: FIRST MI LAST Michael Valva				18. BIRTH NAME OF MOTHER / PARENT: FIRST MI LAST Justyna Zubko			
19A. NAME OF INFORMANT: Justyna Zubko				19B. MAILING ADDRESS: (Include zip code) 350 N Corona Avenue, Valley Stream Village, NY 11580			
20A. 1 <input checked="" type="checkbox"/> BURIAL 2 <input type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL 4 <input type="checkbox"/> HOLD 5 <input type="checkbox"/> DONATION MONTH DAY YEAR 01 30 2020				20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: St. Charles Cemetery		20C. LOCATION: (City or town and state) East Farmingdale Hamlet, Suffolk, New York	
21A. NAME AND ADDRESS OF FUNERAL HOME: Mangano Funeral Home Inc 1701 Deer Park Avenue, Deer Park Hamlet, NY 11729				21B. REGISTRATION NUMBER: 01099			
22A. NAME OF FUNERAL DIRECTOR: Joseph S Mari				22B. SIGNATURE OF FUNERAL DIRECTOR: Joseph S Mari Electronically Signed		22C. REGISTRATION NUMBER: 12230	
23A. SIGNATURE OF REGISTRAR: Donna Lent Electronically Signed				23B. DATE FILED: MONTH DAY YEAR 01 27 2020		24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Donna Lent	
24B. DATE ISSUED: MONTH DAY YEAR 01 27 2020							
ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER							
25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: Michael Jeffrey Caplan MD, ME License No.: 188131 Signature: Michael Jeffrey Caplan MD, ME Electronically Signed Month Day Year 01 18 2020							
Certifier's Title: 0 <input type="checkbox"/> Attending Physician 1 <input type="checkbox"/> Coroner 2 <input checked="" type="checkbox"/> Medical Examiner / Deputy Medical Examiner				Address: 725 Veterans Memorial Highway Bldg 487, Hauppauge, NY 11788			
25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Month Day Year							
25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Signature: Address: Month Day Year							
26A. Attending physician attended deceased: FROM Month Day Year TO Month Day Year				26B. Deceased last seen alive by attending physician: Month Day Year		26C. Pronounced dead on Month Day Year AT Time 01 17 2020 10:28 AM	
27. MANNER OF DEATH: NATURAL CAUSE <input type="checkbox"/> 1 ACCIDENT <input type="checkbox"/> 2 HOMICIDE <input type="checkbox"/> 3 SUICIDE <input type="checkbox"/> 4 UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> 5 PENDING INVESTIGATION <input checked="" type="checkbox"/> 6				28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 <input type="checkbox"/> NO 1 <input checked="" type="checkbox"/> YES		29A. AUTOPSY? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 <input type="checkbox"/> NO 1 <input type="checkbox"/> YES	
CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL							
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART I. IMMEDIATE CAUSE: (A) PENDING FURTHER STUDY DUE TO OR AS A CONSEQUENCE OF: <<<<>> (B) <<<<>> (C) <<<<>> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): <<<<>> DID TOBACCO USE CONTRIBUTE TO DEATH? 0 <input checked="" type="checkbox"/> NO 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> PROBABLY 3 <input type="checkbox"/> UNKNOWN							
31A. IF INJURY, DATE: MONTH DAY YEAR				31B. INJURY LOCALITY: (City or town and county and state)		31C. DESCRIBE HOW INJURY OCCURRED:	
31D. PLACE OF INJURY:				31E. INJURY AT WORK? NO <input type="checkbox"/> YES <input type="checkbox"/>			
31F. IF TRANSPORTATION INJURY, SPECIFY: 1 <input type="checkbox"/> Driver/Operator 2 <input type="checkbox"/> Passenger 3 <input type="checkbox"/> Pedestrian 4 <input type="checkbox"/> OTHER (Specify)				32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>		33A. IF FEMALE: 0 <input type="checkbox"/> Not pregnant within last year 1 <input type="checkbox"/> Pregnant at time of death 2 <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death 3 <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death 4 <input type="checkbox"/> Unknown if pregnant within past year	
33B. DATE OF DELIVERY: MONTH DAY YEAR							

SAVED AND SECURED



THIS IS TO CERTIFY THAT THIS IS A TRUE  
AND ACCURATE CERTIFIED COPY OF THE  
OFFICIAL DOCUMENT ON FILE IN THE  
TOWN CLERK'S OFFICE OF THE TOWN OF  
BROOKHAVEN, SUFFOLK COUNTY, NY

A handwritten signature in black ink that reads "Donna Lent". The signature is written in a cursive style with a large, stylized 'D' and 'L'.

DONNA LENT, TOWN CLERK & REGISTRAR DATED: 01/28/2020  
DO NOT ACCEPT UNLESS THE RAISED SEAL OF  
THE TOWN OF BROOKHAVEN IS AFFIXED HEREON

**SURROGATE'S COURT FOR THE STATE OF NEW YORK  
COUNTY OF NASSAU**

ADMINISTRATION PROCEEDING, ESTATE OF

THOMAS JUSTIN VALVA  
a/k/a

THOMAS J VALVA, THOMAS VALVA, THOMAS JUSTIN

Deceased.

File No.:

**BOND AFFIDAVIT**

**STATE OF NEW YORK**                    )  
  ) ss.:  
**COUNTY OF**                                    )

1. I, **JUSTYNA ZUBKO-VALVA**, being duly sworn, deposes and says that I am over the age of 21 years and resides at 350 N. Corona Avenue, Apt 25, Valley Stream, New York 11580.

2. I am the Decedent's mother and the petitioner in the above-entitled proceeding.

3. Describe     The Decedent died possessed of no personal asset that form part of his estate.  
e  
in Detail

Describe     The Decedent died possessed of no real property that formed part of his estate.  
in Detail

If Retired State     At the time of his death, the Decedent was An 8 year old minor.  
How Long

4. The Decedent had no medical bills at the time of dead.

5. The Decedent's funeral was graciously sponsored by the Mangano Funeral Home Inc. Therefore, there is no outstanding funeral expences.
6. The Decedent left no unpaid bills, debts or claims.
7. There are no executions or judgments against the Decedent's estate, nor was he a principal or surety on any unpaid or undischarged bond, undertaking or other obligation.
8. The Decedent, distributee, nor your deponent herein were ever recipients of any Federal, State or Municipal Relief;
9. There are no Federal or State Income or Estate Taxes payable by the estate except.
10. The Petitioner herein is applying for Letters of Limited Administration for the purpose of pursuing a wrongful death claim and all other matters and/or claims flowing from the wrongful death of the Decedent against the following possible Defendants including but not limited to: Michael Valva [minor's father], Angela Pollina [father's fiancée], County of Suffolk, Family Court Officials, Social workers, the New York State Municipality and other relevant governmental agencies and/or quasi-governmental agencies and other persons or institutions [individually or otherwise] who are potentially liable for the wrongful death of the minor.

11. The amount to be recovered from the wrongful death claim and/or all other matters flowing from the wrongful death of the Decedent is virtually impossible to determine in advance.

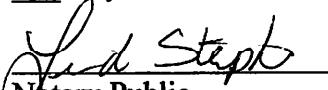
WHEREFORE, your deponent prays, that the filing of a bond by JUSTYNA ZUBKO-VALVA as administrator be dispensed with and that the court grants the deponent's Petition for Limited Letters of Administration in the Estate of Thomas Justin Valva.

  
JUSTYNA ZUBKO-VALVA

STATE OF New York )  
COUNTY OF Nassau ) ss.: Lynbrook

On March 21, 2020 before me, the undersigned personally appeared **Justyna Zubko-Valva**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument in the city of Lynbrook.

Sworn to before me this  
21 Day of March, 2020

  
Notary Public

LINDA STEPHENSON  
Notary Public, State of New York  
No. 01ST6141778  
Qualified in Nassau County  
Commission Expires 2/27/20 22

**SURROGATE'S COURT FOR THE STATE OF NEW YORK  
COUNTY OF SUFFOLK**

ADMINISTRATION PROCEEDING, ESTATE OF

THOMAS JUSTIN VALVA

a/k/a

THOMAS J VALVA, THOMAS VALVA, THOMAS JUSTIN

Deceased.

File No.:

**HEIRSHIP  
AFFIDAVIT**

STATE OF NEW YORK       )  
  ) ss.:  
COUNTY OF Nassau       )

I, Ewa Pienkowski being duly sworn, depose and say that:

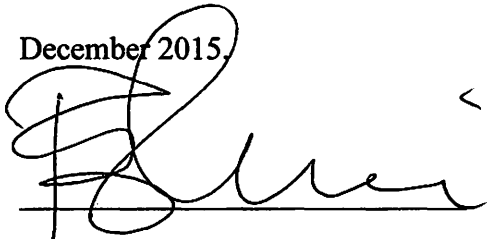
- I am over the age of 21 years and I reside at 2010 Freeman Ave, East Meadow, NY 11554.
- I am the close friend of Justyna Zubko-Valva who is the mother of Decedent Thomas Valva.
- I have known Thomas' parents for more than 13 years and have known Thomas and his brothers Andrew and Anthony for their entire life, therefore, I am qualified to give the information contained in this affidavit.
- Thomas passed away January 17, 2020 and at the time of his death he was an infant,

eight (8) years of age. He was therefore an unmarried minor without children natural or adopted, predeceased or surviving.

- He was survived by his parents, Michael Valva [father] and Justyna Zubko-Valva [mother].

- Thomas' parents had a civil marriage ceremony on or about August 20, 2004 and a religious ceremony on or about June 19, 2005.

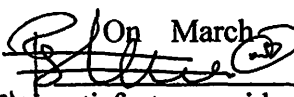
- Michael Valva [father] filed for divorce from Justyna Zubko-Valva [mother] in December 2015.



EWA PIENKOWSKI

STATE OF NEW YORK )

COUNTY OF Nassau ) ss.:

EWA PIENKOWSKI On March 21, 2020 before me, the undersigned personally appeared , personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted and executed the instrument.

Sworn to before me this  
21 Day of March, 2020

  
Notary Public

ELKE BEDER  
Notary Public - State of New York  
No. 01BE6392833  
Qualified in Nassau County  
My Commission Expires June 03, 2023



**FAMILY TREE**

Cross Out Class  
That Is Not  
Applicable

**Parents**

Justyna Zubko-Valva [mother]

THOMAS JUSTIN VALVA

Decedent

[8 year old minor]

Michael Valva [Father]

Name of Spouse

☐ Deceased

Date

☐ Divorced

Date

☒ Never Married

STATE OF NEW YORK

COUNTY OF Nassau

Ewa Denkowski

being duly sworn, states that the charts contained on this paper are correct.

Sworn to before me on 21 March 2020

Elke Bender  
NOTARY PUBLIC

NYSSA's Surrogate's Court Forms FT-1

**ELKE BENDER**

Notary Public - State of New York  
No. 01BE6392833

Qualified in Nassau County  
My Commission Expires June 03, 2023

**NOTE: Complete reverse side of family tree form also.**

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